

L18000250338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

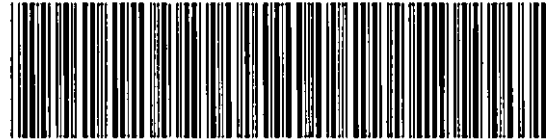
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2018

CHAPHNEY LAGUERRE  
CHACHA VARIETY & SERVICES LLC  
928 WILSON RIDGE DR. #1810  
ORLANDO, FL 32818

SUBJECT: CHACHA VARIETY & SERVICES LLC  
Ref. Number: L18000250338

We have received your document for CHACHA VARIETY & SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Brenda L Vorisek  
Director

Letter Number: 818A00023736

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Chacha Variety's Services

SECOND: The Florida Document Number of the limited liability company is: \_\_\_\_\_

THIRD: The street address of the limited liability company's principal office is:

928 Wilson Ridge Dr #1810  
Orlando, FL 32818

The mailing address of the limited liability company's principal office is:

928 Wilson Ridge Dr #1810  
Orlando, FL 32818

2019 Jan 10 PM 12:06  
STATE OF FLORIDA  
CLERK OF THE COURT

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

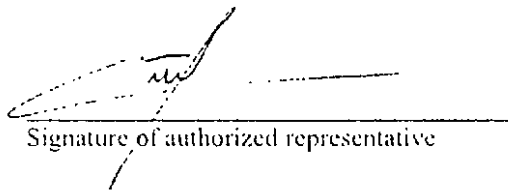
a. Granted to: Chaphney Laquerre

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Chaphney Laquerre

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Chaphney Laquerre  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)